

MEDICARE SUPPLEMENT COVERAGE
FOR PEOPLE 50 AND OLDER AND UNDER 65
ON MEDICARE DUE TO DISABILITY

STATE OF NEW JERSEY
STATE HEALTH INSURANCE
ASSISTANCE PROGRAM
S.H.I.P.
DEPT. OF HEALTH & SR. SERVICES
MARCH 2004

COMPANY	PLAN INFORMATION					MEDICARE PART A HOSPITAL COSTS				MEDICARE PART A SKILLED NURS. FACILITY (SNF) COSTS			MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.)			OTHER				
						PLAN PAYS				PLAN PAYS			PLAN PAYS			PLAN PLANS				
NAME	PLAN	MONTHLY PREMIUM	** COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	*** PRE-EX. MEDICAL CONDITION WAITING PERIOD	SOLD TO PERSONS 50 AND OVER AND UNDER 65	\$876 DEDUCT. (2004)	\$219 COPAY FOR DAYS 61-90 (2004)	\$438 COPAY FOR DAYS 91-150 (2004)	100% AFTER 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$109.50 COPAY FOR DAYS 21-100 (2004)	AFTER 100 DAYS WHEN MEDICARE STOPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$100 ANNUAL DEDUCT. (2004)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DEDUCTIBLE	FOREIGN TRAVEL EMERGENCY	AT-HOME RECOVERY	Rx DRUGS	PREVENTIVE MEDICAL CARE
AARP/UNITED HEALTHCARE 1-800-523-5800	C	141.75	Yes	3 mos.	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
AMERICAN PROGRESSIVE LIFE & HEALTH 1-800-645-4116	C	* FNS 129.88 FS 149.35 MNS 142.89 MS 164.31	Yes	3 mos.	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
BANKERS LIFE AND CASUALTY 1-888-282-8252	C	136.34	Yes	None	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
HORIZON BC/BS OF NJ 1-800-224-1234	C	164.34	Yes	3 mos.	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
LINCOLN HERITAGE LIFE 1-800-438-7180	C	* F 142.59 M 164.00	Yes	None	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
MUTUAL OF OMAHA 1-800-775-6000	A	85.00	Yes	3 mos.	Yes		Yes	Yes	Yes					Yes		Yes				
	C	153.27	Yes	3 mos.	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
PENNSYLVANIA LIFE 1-888-802-9497	C	* FNS 130.13 FS 150.25 MNS 143.73 MS 165.85	Yes	3 mos.	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			

FNS = Female Non-smoker FS = Female Smoker MNS = Male Non-smoker MS = Male Smoker Non-smoker rates apply to applications submitted during the 6-month open enrollment period.

* PREMIUMS DO NOT INCLUDE A ONE-TIME \$20 (LINCOLN HERITAGE) OR \$25 (PENNSYLVANIA LIFE) POLICY FEE.

** APPLICANTS CANNOT BE TURNED DOWN FOR COVERAGE DURING THE FIRST SIX (6) MONTHS OF ENROLLMENT IN MEDICARE PART B (OPEN ENROLLMENT). APPLICANTS WHO HAVE HAD MEDICARE PART B FOR MORE THAN SIX (6) MONTHS MAY BE DENIED COVERAGE, UNLESS THEY ARE IN A *GUARANTEE ISSUE* SITUATION (SEE *GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE*). NOTE: ALL DISABLED AND KIDNEY FAILURE BENEFICIARIES WILL HAVE A NEW SIX (6) MONTH OPEN ENROLLMENT PERIOD BEGINNING WITH THE MONTH THEY TURN 65 AND HAVE PART B OF MEDICARE DURING WHICH TIME THEY CAN PURCHASE ANY MEDICARE SUPPLEMENT PLAN OF THEIR CHOICE BEING SOLD BY THE INSURANCE COMPANY.

*** COMPANIES MAY EXCLUDE BENEFITS FOR PREEXISTING CONDITIONS DURING THE FIRST THREE (3) MONTHS FROM THE EFFECTIVE DATE OF COVERAGE. THE PREEXISTING MEDICAL CONDITION WAITING PERIOD SHALL NOT APPLY FOR A CONDITION COVERED, FOR AT LEAST THREE (3) MONTHS, UNDER A PRIOR HEALTH BENEFITS POLICY WITH NO INTERVENING LAPSE IN COVERAGE.